## **CALFRESH REQUEST FOR POLICY INTERPRETATION**

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**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-Pl@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

RESPONSE NEEDED DUE TO:     Policy/Regulation Interpretation		5.	DATE OF REQUEST: 02/07/2018	NEED RESPONSE BY: 09/01/2018		
	☐ QC ☐ Other:		6.	6. COUNTY/ORGANIZATION: Santa Clara County  7. SUBJECT: ABAWD Exemption - Obviously Unfit to Work		
			7.			
2.	REQUESTOR NAME:		8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
3.	PHONE NO.:	EMAIL:		ACL 18-08; FNS 310 s	section 850.2	
4.	REGULATION CITE(S): 7CFR 273.24(c)(2	2)(ii); MPP 63.407.2		6		

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Per the ABAWD Handbook, the CWD can determine that an ABAWD individual is "obviously mentally or physically unfit to work" and when the reason for unfitness is obvious, no verification other than detailed case documentation to support the determination is required.

Are detailed case comments by an Eligibility Worker who made an "obviously mentally or physically unfit to work" determination to exempt an individual from ABAWD time limits sufficient verification for a QC review?

## 10. REQUESTOR'S PROPOSED ANSWER:

Based on the FNS 310 section 850.2, verification sources for exemptions from employment and training vary with the basis for exemption. The reviewer should verify each exemption with the appropriate source. Since the source of the exemption is the Eligibility Worker, the EW's detailed case comments are sufficient.

## 11. STATE POLICY RESPONSE (CFPB USE ONLY):

CDSS concurs with the proposed response. Detailed case comments are sufficient verification for purposes of determining an ABAWD individual as exempt from the time limit as "obviously mentally or physically unfit to work".

FOR CDSS USE				
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:	ţ(		
02/09/18	ALB 3/1/2018			